Introduction

The Agency for Healthcare Research and Quality (AHRQ) annually publishes a wealth of information in its congressionally mandated National Healthcare Quality Report (NHQR). This *State Snapshot* series provides quick and easy access, through the Web (http://www.qualitytools.ahrq.gov/qualityreport/state/spf.aspx), to the many measures and tables of the NHQR from a State-specific perspective.

Each *Snapshot* shows two areas in which the health care system of a particular State (or the District of Columbia) is doing well and two in which it might be able to improve. The examples are chosen from those measures for each State that score above average and below average, respectively, relative to all reporting States. Much more information can be viewed on the Web through the *Snapshot* series (at the address above). The *State Summary Tables* list over 100 measures, most with estimates for 2 years of data, for each State, when available from the NHQR.

Data sources, statistics used to assign the categories, calculation of averages, and criteria for selecting the examples presented below are explained at http://www.qualitytools.ahrq.gov/qualityreport/state/method.aspx.

Utah Overview

The *Utah Summary Table* includes 106 measures from the most recent year of data in the 2004 NHQR (http://www.qualitytools.ahrq.gov/qualityreport/state/stateData.aspx?state=UT). For the most recent data year, Utah has 28 measures in the above-average category (compared to all reporting States), 37 in the average category of States, and 14 in the below-average category of States. Utah has 27 measures without sufficient data for classification. Measures in the below-average, and possibly in the average, categories indicate areas that may be fruitful for quality improvement initiatives.

Where Utah Does Well (Examples)

In this section, the examples show a few of the measures for which the Utah result was in the above-average group of States. For some measures, such as screening rates, the highest rate is the best result; and for other measures, such as time to treatment, the lowest rate is the best. The above-average category includes the best results however measured. A rate is considered above average when it is better than the all-State average and is statistically different from the all-State average. The all-State average reflects all States, including the District of Columbia, with available data for the measure.

A benchmark for quality improvement is provided below—the top-10-percent State average. This is the average for the five States that have the highest rates among all reporting States and the District of Columbia, 51 jurisdictions. The benchmark shows the best results attained under current medical practice. Some States may view that as a goal for improvement or may set more ambitious goals.

Example 1: Percent of Medicare hospitalized patients age 50 and older who received flu vaccine, when indicated, either during or before hospitalization

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Utah
2002	42.9	26.5	14.8	52.8

- This measure evaluates whether hospital personnel check for and, if needed, tried to administer influenza vaccine to Medicare patients age 50 and over in the hospital during a flu season. The higher the State estimate for this measure, the greater the number of hospitalized Medicare patients vaccinated during flu season in the State.
- In 2002, 52.8 percent of patients 50 years or older in Utah received an influenza vaccine in a hospital or had documentation of prior vaccination. This was roughly equivalent to the top-10-percent State average of 42.9 percent.
- Utah's estimate for this measure was above average for both the most recent year (2002) and the initial year (2000-2001).
- To view all States on this measure in the 2004 NHQR, see Appendix Table 1.88b.

Example 2: Infant deaths per 1,000 live births

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Utah
2001	5.2	6.6	9.8	4.9

- This measure shows the number of infants who die during the first year of life out of every 1,000 live births during the year. The lower the State estimate for this measure, the fewer infants that die during a year, and presumably the better the health care that infants receive in the State.

- In 2001, the infant mortality rate in Utah was 4.9 infant deaths per 1,000 live births. This was roughly equivalent to the top-10-percent State average of 5.2.
- Utah's rate for this measure was above average for both the most recent year (2001) and the initial year (1998).
- To view all States on this measure in the 2004 NHQR, see Appendix Table 1.58b.

Where Improvement May Be Needed (Examples)

The examples in this section are measures for which the Utah result was in the below-average group of States. To understand how to use these results, see the following section (How To Use the Information). How results on each measure are classified into the below-average category is described at http://www.qualitytools.ahrq.gov/qualityreport/state/method.aspx.

The bottom-10-percent State average is provided as a parallel to the top-10-percent State average. Comparison of the two averages shows how far the five States with the lowest rates have to improve to achieve the results of the five States with the best rates.

Example 3: Percent of patients with kidney failure who had hematocrit of 33 or greater or hemoglobin of 11 or greater

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Utah
2002	90.6	86.1	80.1	78.6

- This measure shows how effectively providers treat late stage kidney disease based on a patient's blood count. The higher the State estimate for this measure, the more effective the treatment for late stage kidney disease in the State.
- In 2002, 78.6 percent of end stage renal disease patients in Utah had a hematocrit count of 33 or higher or a hemoglobin count of 11 or higher. This was roughly equivalent to the bottom-10-percent State average of 80.1 percent. The top-10-percent State average was 90.6 percent.
- Utah's estimate for this measure was below average for the most recent year (2002). This represented a decline from Utah's estimate in 2000, when it was in the average group.
- To view all States on this measure in the 2004 NHQR, see Appendix Table 1.30b.

Example 4: Percent of adults 50 and older with fecal occult blood test in last 2 years

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Utah
2002	42.8	31.5	22.6	21.0

- This measure reflects the extent of preventive cancer screening for colorectal cancer. The higher the State estimate for this measure, the more people who receive preventive fecal occult blood testing in the State.

- In 2002, 21 percent of people age 50 and older in Utah had received a fecal occult blood test within the past 2 years. This was roughly equivalent to the bottom-10-percent State average of 22.6 percent. The top-10-percent State average was 42.8 percent.
- Utah´s estimate for this measure was below average for both the most recent year (2002) and the initial year (2001).
- To view all States on this measure in the 2004 NHQR, see Appendix Table 1.6b.

How To Use the Information

The NHQR offers a rare opportunity for States and the District of Columbia to view their health care systems in comparison to other State systems on about 100 quality measures. All States have measures in both the above-average and the below-average groups. A first step to determining whether and in which areas quality improvement should be fostered in a State is to study measures in the State Summary Table (http://www.qualitytools.ahrq.gov/qualityreport/state/statedata.aspx?state=UT). Understanding what these measures mean will require insight from many experts familiar with the health care system in the State as well as with quality measurement and improvement strategies. It may also require more study and data collection to determine that a problem actually exists or to identify underlying problems and possible solutions. For example, factors that affect specific population subgroups may underlie apparent health care quality problems and may thus require outreach focused toward those groups. Health care processes also may contribute to poor results, and thus quality improvement may require change in behavior of health care providers. AHRQ hopes that these data aid Utah leaders in exploring the quality of health care in their jurisdiction and in working to improve it.

For More Information

State Snapshots and State Summary Tables for each State are available on the Internet at http://www.qualitytools.ahrq.gov/qualityreport/state/spf.aspx. For additional information on this topic, please send e-mail to QRDRInquiries@ahrq.gov.

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